

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)

SERIAL NO.

10/6075801

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1	1	1	1		
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TOTAL	10		9			
TOTAL	10		9			
TOTAL	10		9			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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